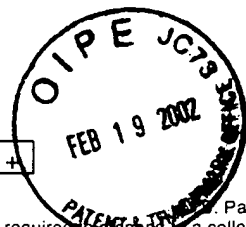


Please type a plus sign (+) inside this box →



COPY OF PAPERS  
ORIGINALLY FILED

2164  
Copy

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/976,607
Filing Date	October 12, 2001
First Named Inventor	Michael B. Elliott et al.
Group Art Unit	2164
Examiner Name	
Attorney Docket Number	33836000013

Total Number of Pages in This Submission **2**

## ENCLOSURES (check all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Fee Transmittal Form                                | <input type="checkbox"/> Assignment Papers (for an Application)                                    | <input type="checkbox"/> After Allowance Communication to Group                            |
| <input type="checkbox"/> Fee Attached  | <input type="checkbox"/> Drawing(s)  | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences        |
| <input type="checkbox"/> Amendment / Reply                                   | <input type="checkbox"/> Licensing-related Papers  | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition  | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input type="checkbox"/> Petition to Convert to a Provisional Application                          | <input type="checkbox"/> Status Letter   |
| <input type="checkbox"/> Extension of Time Request                           | <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):            |
| <input type="checkbox"/> Express Abandonment Request                         | <input type="checkbox"/> Terminal Disclaimer   | -Return postcard   |
| <input type="checkbox"/> Information Disclosure Statement                    | <input type="checkbox"/> Request for Refund  |  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)              | <input type="checkbox"/> CD, Number of CD(s) _____   |  |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application   |  |  |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |  |  |

RECEIVED

FEB 27 2002

Technology Center 2100

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Christopher P. Moreno, Reg. No. 38,566
Signature	<i>Christopher P. Moreno</i>
Date	2/4/02

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: February 4, 2002

Typed or printed name	Christine A. Jaszowski
Signature	<i>Christine A. Jaszowski</i>

Date	2/4/02
------	--------

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.